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CONFIRMATION NO. 4386

<b>SERIAL NUMBER</b> 10/669,761	<b>FILING OR 371(c) DATE</b> 09/24/2003 <b>RULE</b>	<b>CLASS</b> 222	<b>GROUP ART UNIT</b> 3754	<b>ATTORNEY DOCKET NO.</b> J9016(C)
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**\*\* CONTINUING DATA \*\*\*\*\*** *Yes*  
 This appln claims benefit of 60/413,310 09/25/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *No*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 68	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials				

**ADDRESS**  
000201

**TITLE**  
Motorized Household Liquid Dispenser

<b>FILING FEE RECEIVED</b> 914	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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